Michigan Department of Community Health Bureau of Health Professions P.O. Box 30192 Lansing, MI 48909 (517) 335-0918

(517) 335-0918 www.michigan.gov/healthlicense

BOARD OF PODIATRIC MEDICINE - EDUCATIONAL LIMITED PODIATRIST CERTIFICATION OF APPOINTMENT

Authority: Public Act 368 of 1978, as amended If this form is not completed, a license will not be issued.

YOUR LICENSE WILL NOT BE RENEWED UNTIL WE RECEIVE THIS INFORMATION REGARDLESS OF THE PAYMENT METHOD YOU USE

INSTRUCTIONS: Please type or print the form. The Program Director or Preceptor must sign either Section A or Section B as appropriate.

I am continuing my training in t	the same progran	n at the same	locati	on as shown on my current lice	nse.
First Name:	Middle Name:		Last Name:		
Michigan Permanent I.D./License Number:		Social Security Number:			
Signature of Program Director or Preceptor:				Date:	
Section B: Educational Limited R I am continuing my training bu			al and	or program as shown below.	
First Name:	Middle Name:		Last Name:		
Michigan Permanent I.D./License Number	er:	Social Security Number:			
Hospital Name:		'			
Program Name:					
Program Name: Hospital Street Address:					
	Stat	e:	Zip	Code:	

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.